

PARTICIPATION FORM
THALIDOMIDE SURVIVORS CONTRIBUTION PROGRAM
CLASS PROCEEDING

ONLY USE THIS FORM IF YOU WANT TO REGISTER YOUR SUPPORT OR OBJECTION TO THE PROPOSED SETTLEMENT OR LEGAL FEES

THIS FORM MUST BE RECEIVED BY CLASS COUNSEL OR POSTMARKED NO LATER THAN FEBRUARY 12, 2020.

TO: Thalidomide Survivors Contribution Program Class Proceeding
c/o Koskie Minsky LLP
20 Queen Street West, Suite 900,
Toronto, Ontario, M5H 3R3
thalidomideclassaction@kmlaw.ca
1-866-474-1741

My name is: _____

- I applied for compensation under the Thalidomide Survivors Contribution Program and was denied on the basis that that I did not provide the required proof of eligibility.

For the reasons stated below, I:

- | | |
|---|---|
| <input type="checkbox"/> SUPPORT the terms of settlement | <input type="checkbox"/> OBJECT TO the terms of settlement |
| <input type="checkbox"/> SUPPORT the legal fees | <input type="checkbox"/> OBJECT TO the legal fees |

I am supporting or objecting to the Proposed Settlement or legal fees for the following reasons (please attach extra pages if you require more space):

<input type="checkbox"/> I have enclosed copies of documentation supporting my support or objection. (You do not have to attach any documents).

<input type="checkbox"/>	I have NOT enclosed documentation supporting my objections and I do not intend to provide any.
<input type="checkbox"/>	I do NOT intend to appear at the hearing of the motion to approve the proposed settlement, and I understand that my Participation Form will be filed with the court prior to the hearing of the motion on February 26-27, 2020 in Toronto, Ontario.
<input type="checkbox"/>	I intend to appear, in person or by counsel, and to make submissions at the hearing on February 26-27, 2020 in Toronto, Ontario.

MY ADDRESS FOR SERVICE IS:

Name:

Address:

Tel.:

Fax:

Email:

Date:

MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable, but you do not need a lawyer to object):

Name:

Address:

Tel.:

Fax:

Email:

Signature:
